

**CDC *Vital Signs* Town Hall Teleconference on
Preventing Teen Pregnancy in the United States
Q & A Transcript**

April 19, 2011
2:00pm – 3:00pm EST

Lorine Spencer: Thank you. Thank you everyone for your excellent presentations. Now I'd like to turn it to Dr. Monroe for her initial comments and thoughts to help us kick off today's discussion.

Dr. Judy Monroe: Well thanks. Thanks to the speakers and I certainly look forward to great things in Gaston County. That sounds like an exciting project.

You know one of the things that struck me as I was listening, when I was State Health Officer in Indiana, I kind of boiled down (so I could remember the ten essential services of public health) I boiled it down to five things—that we need data, we need strong communications, policy, practice and evaluation—and I heard that in all of these presentations. I mean those were all incorporated, but to me the power is when they're all working together, that they're not separated.

So then the other thing I used to ask folks, and I would ask folks on the phone to think about, is then which part of the problem do you own? You know if you're a health officer, if you're a subject matter expert, if you're a clinician—and hopefully some clinicians have joined us on the call—which part of this problem as you heard in the presentations can you take charge of in your role and make a difference. So basically it comes down to “What part of the solution can you bring to the table and help mobilize?”

And so with that let me start with the first question to Deborah Kaplan because, given all that and as we're thinking about the system that

needs to be in place and all these components working together to make a difference, we're also looking at trying to impact culture and cultural change and how folks think about this, so I was intrigued by what I heard in the New York City schools, sounds like you've got some really strong programs.

So for Deborah, have you seen some change in culture among the students in the schools that have had the strong programs or can you speak to that? Are we beginning to see any of that?

Deborah Kaplan: So I would say the first change that had to happen in the culture was actually with the providers in the school-based health centers so I wanted to start there. That we—when we started this project, we were somewhat surprised to learn that this really had not become an integrated part of the primary care services of many of our school-based health centers although it was included as one of the services they should deliver. And so we had to change the culture of the school-based health centers themselves so that they saw reproductive health services as a fundamental and essential component of the care they provided.

One of the major changes we made is that we developed a screening tool and we're actually developing a city-wide data system, which has been a huge—for anyone who's tried to do that and bring, in our case, 18 different institutions and 39 different public health centers into a unified database is a huge undertaking, but we think well worth it in the long run—but we made it so that every young person who comes in gets screened and asked the key question which is, is he or she sexually active?

And if they are, then there's required other pieces of the data that they need to complete. This was a total change. We had previously, even with pregnancy testing visits, there were situations where a student would be tested for whether or not she was pregnant and did not necessarily get the follow up reproductive health services.

So what we've seen dramatically as a culture change within the school-based health centers, we are really just at the beginning stages of now taking that to the next step which is that now that we feel confident that our students will be going to really accessible services with providers who are comfortable talking about sexual and reproductive health, that we are doing the kind of outreach we need to do to get more sexually active students to actually come to the clinic.

So our latest phase of this work has been to develop, with students' input, creative posters and we're looking at other media tools to get the word out and encourage young people to come to these clinics and to know that that's where they can go.

The other thing is that one thing that's been happening is there's been more and more word of mouth among students asking for IUDs so this new change—which is making IUDs available to teens either in some actually in some of our school-based health centers or through our eight regional referral sites which are community health centers—is that students are now hearing about this from each other and asking where they can go for an IUD and we're expecting this to continue to grow dramatically over the next period of time.

Lorine Spencer: Thank you Dr. Monroe and thank you Deborah. Now we want to hear from those of you who are on the phone that have questions or stories to share and in just a moment the operator will open the lines. As a

courtesy to everyone, if you could please mute your phone by pressing star 6 when you are talking—when you're not talking, sorry when you're not talking.

Please state your name, title and where you're from. So operator can you please open the lines now?

Coordinator: All lines are now open.

Dr. Judy Monroe: While we're waiting on the first call—this is Dr. Monroe again, the— thanks Deborah for that because that was one of my questions too is how you had engaged the teenagers or the students and got them involved. And then the other thing I heard was certainly we've got huge opportunity with the FQHCs [Federally Qualified Health Centers] and the engagement. Good stuff.

Lorine Spencer: Do we have a call on the line?

Dr. Wanda Barfield: While we're waiting on the line, maybe we can ask another question.

Man: Emergency operations plan, I've got to do one for my class.

Lorine Spencer: I think someone has their phone open, if you could hit star 6 if you're not talking.

Jone Payton: Hello?

Lorine Spencer: Hello.

Jone Payton: Yes, this is Jone Payton, Portsmouth City Health Department, Rural AIDS Coordinator, but what I—I'm impressed with New York City, I have to—that's great. I guess my question will be how did you approach the boards? Did you approach your own school boards there when you were ready to try to implement something like this?

Deborah Kaplan: So this has been a long process. Our partnership—so we have a unique situation in New York City with our Department of Education and our Department of Health in that we have a director of school health who has a joint appointment with the Department of Education, which is a relatively new development in the last eight years, and so he wears two hats. We start—this process has been a one of really gradual development of a trusting relationship with our colleagues at the Department of Health and one of the things we did is we identified around—which I didn't even discuss the issue for example with the sex education curriculum.

Our state requires, mandates health education, but it does not mandate sex education and we wanted to look at and recommend an evidence-based curriculum in our schools. And so we formed a work group than then reviewed curricula and then looped in our Department of Education in conversations that then helped start that conversation and move it along at the Department of Ed.

So we have felt that our building and sustaining a strong, trusting relationship with colleagues at the Department of Education has been essential. Our school based health centers are—and I don't know how this differs in other states—but they are under the health department although they are located on school property.

And so this again has been a process over time of working with the Department of Education, both on the front line and at the leadership level, to build the support for the need for these services.

One thing that was very helpful in getting the buy in was that we were able, through a data link, to identify teen birth rates by school. And there's—you know that's really helped point out some of the issues at the school level in terms of the need for more clinical services and in particular having reproductive health services available to students at the school.

Jone Payton: Thank you.

Lorine Spencer: Any other calls on the line, questions?

Dr. Wanda Barfield: So I actually have another question about Gaston County in terms of how you might plan to reach out to non-school youth.

Kay Phillips: With non-school youth, our agencies that we are partnering with on the core partner team, such as the YWCA and the YMCA, they are taking the lead on reaching those children who come to their organizations and have given us an open door to working with those youth and in partnership. And they were very, very pleased. And actually the YWCA has given us—our staff will be working on their property so that's just one area.

The churches have come (unintelligible) to a safe community has been exceptional and talk about a culture change. We're so very happy to have them there and to begin to break down barriers that were there before, so this partnership will be reaching children within the churches, within all of the after school programs, and the schools who

are at the table also for any of the FOS programs or anything else that's going on, the doors have been flung open and we are partnering with them.

Dr. Wanda Barfield: That's really great to hear that there's this really broad partnership in all areas within the community.

Kay Phillips: And the hospital as well has come on board and they are—and the health department, it has just been phenomenal. The timing is perfect for a county that is in such need that they finally realize that for a community to be saturated with this information, for all of these kids to have the opportunity to hear the real information; it can't help but make a difference.

Lorine Spencer: Do we have other success stories from anyone who's listening on the phone that they would like to share?

Catherine Amato: This is Catherine Amato, I'm from Oak Park, Illinois, and we are the suburb just west of Chicago so we're adjacent to the west side of Chicago. Our community is middle class and we, you know, have tried—we don't really get a whole lot of funding and people in our school district are very you know, "Our kids don't need clinics in the schools"—things like that.

But, because of where we're located, a lot of people kind of come and go from Oak Park to the west side and they, you know, live with grandparents or friends—there's a lot of apartments in Oak Park so you can imagine, you know, the amount of people. Our school has almost 4,000 students for Oak Park and River Forest, but I have been working with teen pregnancy prevention for the last two years and, you know, I'm still working on some things.

It's a struggle because, you know, I guess as far as the need that we have and the need that some other communities have it's, you know, a lot greater in other communities. But I was reading something about a school in Virginia—Alexandria, Virginia—I don't know if anyone else saw that, but to answer the question about, you know, the other kids in the community who don't necessarily attend the school, some of the school-based clinics had doors that you can enter from the outside of the school and you don't have to be a student at the school to use the clinic. Has anybody else heard of that or did anybody else see that article?

It was just kind of interesting because it was a school-based clinic, but—I think actually it was a school-linked clinic instead of a school-based—but it was just interesting that, you know, other people could use it and even if you were a teen that didn't attend that high school you could still use it. You know because there's a lot of kids that go to parochial schools and other alternative schools and things like that that also use services.

Kay Phillips: Was it under the umbrella of a community-based school health center?

Catherine Amato: Yes, it was. It was in Alexandria, Virginia, I believe they called it a school-linked just because of it being available to people on the outside.

Kay Phillips: North Carolina has 52 school health centers with approximately four of them being school-linked, but I don't think at the time any of them are open to the outside. They do have organizations that will partner with them and be linked so it's just not as if they have an outside door but there is a referral system.

Catherine Amato: Okay, well that would work also. Any ideas for small communities to get funding if the need isn't great like some other communities? I'm really struggling here.

Kay Phillips: It's a struggle everywhere. Even in North Carolina, with us having 52, to keep those school health centers, it's a constant process to keep them going, to help them be able to give the services that they do—it's a struggle for everybody.

Catherine Amato: Well the Healthy Youth Act—some of these acts are being put in place by states that are important and there was a house bill, I believe it passed just last week for Illinois, to have so many hours—you have to have so many weeks and so many hours of comprehensive evidence-based sex ed. And I know our schools, I know for a fact they're not doing that so that's another obstacle is to get, you know, the school board—going to a school board meeting and, you know, discuss these things. If they're not, you know, doing what the state mandates, you know, they could be doing themselves a disservice besides the students, so...

Kay Phillips: But like the rest of us, is it an unfunded mandate?

Catherine Amato: You know, I'm not sure; I'll have to look back and see. I think there was funding available but I don't know how much and the state of Illinois isn't in a great position right now.

Kay Phillips: Well in North Carolina we're working to put that in place so that we can have an accountability level of what school systems—we have 100 counties but 115 school systems—so we are tracking that since we've only been into it a year now. But we want to see what—who's doing what and what are the accountability levels.

Catherine Amato: Great, and if the funding is mandated, that's very important. Yes, that's a good thing that I can look in to, thank you for that.

Lorine Spencer: Thank you.

Deborah Kaplan: Hi, it's Debbie Kaplan again in New York City. I just wanted to make another point about how we found the power of data to be so helpful and compelling, in trying to bring—both make changes within the school-based health center, but also getting our principles on board. And in our case, because our school system is so decentralized, it's really involved meeting principle by principle and presenting data and both again presenting data to the school-based health centers in site visits. It's fairly labor intensive, but it's been well worth the effort because it is nothing like seeing the data for your own school about teen birth—or in your school-based health center about the number of visits and sexually transmitted infections and so on—to take it from a theoretical discussion about why this is important to you seeing the impact on young people in a very nitty gritty way. And I just would suggest that that be a way to get buy-in when you're working with schools or community agencies.

Catherine Amato: Thank you.

Dr. Judy Monroe: This is Judy Monroe and I wanted to chime in on that—the power of data, it really is important and then additional power comes when you tell the story and then present the data. So when you can again drive home so that you get that emotional reaction and have folks really listening and then they see their own data, that's a really powerful combination (unintelligible).

Catherine Amato: Right, and we have the data from last year, our health department has it—but at the end of the year we're small: 100 STDs were reported (Chlamydia and gonorrhea) and 30 of them were under the age of 19. So that's a big percentage of—I mean I'm thinking, you know, in our community just having, you know, that many for teens—I think that's a lot, to me.

Lorine Spencer: Thank you, thank you for that.

Catherine Amato: A lot of people don't think it is, but I know the North Carolina stats look more like 62% pregnancy and all that, that really—it's a lot different but we still want to do something. But yes, going to the school board with statistics is something that we're planning on doing. Thank you.

Lorine Spencer: Thank you. Do we have any other questions or success stories on the call? We have time for a couple more. Any other questions?

Dr. Wanda Barfield: While we're waiting for another question, I just wanted to open up the possibility of thinking about a parent. I mean first of all have there been any negative responses to the school-based activities or what have been the roles for parents positively in terms of really trying to address these issues?

Kay Phillips: This is Kay Phillips. So far we've had no real issues with parents. We did a study two years ago in partnership with UNC [University of North Carolina] and it proved that 91.6% of parents across the state preferred comprehensive. So with our Healthy Youth Act, the parents are [not only] finally getting the information that they need for their children but they are able to look at the curricula, they can fit into the classes to hear what's going on, and one of the components of the

Healthy Youth Act is to further that communication with the parent. It's one of the last ones but it's very important that we did not want to leave that out and so in their classroom time they are encouraged to go back home and talk with their parents. And the teachers have to give them work information, worksheets and they have to come up with it on their own, unfortunately thus far, but we are working on that as well to give them information that they can share and create that parent conversation.

Deborah Kaplan: And this - I'll just chime in from New York City that we, you know particularly now as we've moved forward to providing on-site contraception in the school-based health centers, there were certainly concerns that we might have parents who had concerns or there were negative reactions.

We've had not—now we're more than three years into this and including providing IUDs at some of our school-based health centers—and we've had not one negative reaction from parents. There certainly have been questions and concerns and actually more recently we had a policy change at the Department of Education where, for reproductive health services, parent teens do not have to have parental consent. And with all of those changes that have all really increased access, we have not had any negative parent feedback and this is in a large school system touching, you know, thousands and thousands of young people.

And so, you know, a lot of times the concern about doing some of these policy changes has been the fear of a major parent reaction and, at least for our experience, that has been non-existent.

In addition—and if anything some of the feedback has been parents that are so—just assumed that of course these things are available for my young person. A lot of parents assume that the young people are getting sex education in the schools and when they learn that they are not, they're very surprised. And that's been documented in some surveys that have been done.

The other thing is the evidence-based curriculum that has been recommended by our Department of Education and that we are implementing in the schools with Bronx Teams Connection, the CDC grant, is Reducing the Risk. And one of the things we really like about Reducing the Risk, besides many of the features of an evidence-based curriculum and that it's skill based and interactive and has very clear messages about sexual behavior, is that there are some assignments that bring home and engage parents that young people come in and help facilitate and encourage conversations between young people and their parents or other adults in their lives.

Catherine Amato: Okay, well thank you.

Jeny Bissell: Aloha.

Lorine Spencer: One more question.

Dr. Judy Monroe: We had an aloha.

Jeny Bissell: Yes, this is Jeny Bissell from the Hawaii State Department of Health, from Maui, the Tri-Isle County of Maui. I just want to recognize Dr. Donald Hayes who's our epidemiologist in the state of Hawaii in our division who is also is our PRAMS director.

And I just want to really recognize him, how much—how instrumental and how much we really appreciate him in translating the data to our county and to a language that is relevant to the community, make it useful and very powerful to mobilize the community—so again thank you so much for sending him to Hawaii.

Dr. Wanda Barfield: You're welcome. We're glad to see that there's really this opportunity. Again it's been said before but, you know, data really is powerful and having that opportunity to translate the data and to work closely with states, particularly Hawaii, has been really a great experience.

Jeny Bissell: And it's just wonderful because he helped us with talking points, with bulleted points, that is really guide us as we meet with our community members, with parents, with family. So it's just wonderful—so again, thank you and Dr. Hayes has just been a blessing to us.

Woman: Isn't it is nice to hear that?

Lorine Spencer: It is nice to hear that. I think we have one other question. Did I hear someone try to give a comment or a question?

George Martinez: Yes, hi, my name is George Martinez from OSTLTS communication team and I wanted to say concerning the New York Department of Health—is that correct, I'm sorry, I missed the title.

Dr. Judy Monroe: New York City?

George Martinez: Yes, can you please tell me - tell all of us some of the programs? I guess if I could verify some of the programs that are helpful for youth

in New York City or maybe some things that you're thinking about doing, implementing? Can you please share some of those, please?

Deborah Kaplan: So a lot of the programs are some of what I described during the presentation, which is our focus has been on access to clinical services, both in school-based health centers, which serve about 25% of our young people in public high schools, as well as working with our community-based clinics to increase access to reproductive health services for young people in the community.

One of the things we're doing through our Bronx Teens Connection, the CDC funded grant, is really building on our partnerships that we have developed with government—partner government agencies. We're thinking, for a large city like New York City, for this work to be sustainable over time we need the government agencies that reach out to young people in as many different ways and often reach the highest priority use to make changes in their infrastructure. So in addition to the Department of Education, one group we've been working with is the Administration for Children's Services, which serves teens in foster care, young people in foster care and in preventive services where families—where child abuse has been identified, and they are the youth-serving organizations we plan to target in the Bronx and we're hoping that this then can become more wide spread, if those that are part of administrations that are funded through Administration for Children Services. And our plan is to link those youth-serving organizations to one of our clinic partners so young people who are going to receive preventive services through Administration for Children Services have a clinic that they develop a relationship with them where they can get reproductive health services.

Lorine Spencer: Thank you Deborah, that's wonderful, we really appreciate everything. Unfortunately we are running out of time but before we close I do want to take a moment just to thank all of our speakers and all the people who have chimed in on the line and willing to ask questions or give us success stories.

If you could go to the last slide in the PowerPoint presentation you'll see several links there that can help you to integrate this *Vital Signs* into your website and social media channels for free.

For example you can become a fan on Facebook, follow us on Twitter, syndicate the *Vital Signs* so it automatically appears and updates on your website for free, as well as download some interactive buttons and banners for use on your site.

We still do want you to give us your feedback so again there is a link there for you to tell us your thoughts and comments. We do use those when we are planning our teleconferences.

And there's also information on the next month's teleconference that can also be found on this link so you'll see this on the last two slides in the PowerPoint presentations.

If you do have other questions about adolescent pregnancy, please direct those to the DRHinfo@cdc.gov and put in the subject line "Town Hall Question" and they will be happy to answer any other questions you have about adolescent pregnancy.

So I want to turn it back over to Dr. Monroe for any last thoughts and thank you again for joining us today for this *Vital Signs* teleconference.

Dr. Judy Monroe: Well I just want to say thanks to everybody, or maybe I should say mahalo to those in Hawaii, but just really appreciate everyone joining the call and having a discussion around this really important winnable battle where we can make a big difference.

And I want to thank our speakers, Dr. Wanda Barfield, Deborah Kaplan and Kay Phillips. It's been a special treat having several of our speakers in the room with us today.

So with that I know we're out of time so I just want to wish everybody a great month and remember to join us next month when we'll be discussing asthma on May 10.

Coordinator: Thank you for participating in today's conference call, you may disconnect.